DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAL ASSISTANCE ADMINISTRATION Olympia, Washington

To: Podiatrists Memorandum No: 03-60 MAA

Orthopedic Surgeons Issued: September 18, 2003 Managed Care Plans

CSO Administrators For Information Call:

Regional Administrators 1-800-562-6188

From: Douglas Porter, Assistant Secretary

Medical Assistance Administration (MAA)

Subject: Discontinued State-Unique Procedure Codes for Orthotics

Effective for dates of service on and after October 1, 2003, the Medical Assistance Administration (MAA) will **discontinue** all state-unique procedure codes previously used for orthotics.

Coding Changes

The Health Insurance Portability and Accountability Act (HIPAA) requires all healthcare payers to process and pay electronic claims using a standardized set of procedure codes. In order to comply with HIPAA requirements, MAA is **discontinuing all state-unique procedure codes** and will require the use of applicable CPTTM and HCPCS procedure codes.

Discontinued State-Unique Codes

The following state-unique codes will be discontinued for claims with dates of service after September 30, 2003:

Discontinued State-Unique	
Code	Description
1600L	Single fabricated orthotic
1601L	Pair fabricated orthotics
1602L	Impression casting, each foot
1603L	Prefabricated orthotic
1604L	Impression casting, custom shoes, pair

Billing for Orthotics Using CPT and HCPCS Codes

Bill the standardized HCPCS code from the range L3000-L3649 that most accurately describes the orthotic provided. Some of these orthotic codes may require Prior Authorization (PA) or Expedited Prior Authorization (EPA). Details on the authorization process are included later in this memorandum.

Fee Schedule

NOTE: Reimbursement for these procedures codes is limited to Podiatrists and Orthopedic Surgeons.

Procedure		PA/EPA	7/1/03 Maximum
Code	Brief Description	Required?	Allowable Fee
L3000	Ft insert ucb berkeley shell	EPA	\$176.29
L3001	Foot insert remov molded spe		#
L3002	Foot insert plastazote or eq		#
L3003	Foot insert silicone gel eac		#
L3010	Foot longitudinal arch suppo		#
L3020	Foot longitud/metatarsal sup		#
L3030	Foot arch support remov prem	EPA	88.15
L3040	Ft arch suprt premold longit		#
L3050	Foot arch supp premold metat		#
L3060	Foot arch supp longitud/meta		#
L3070	Arch suprt att to sho longit		#
L3080	Arch supp att to shoe metata		#
L3090	Arch supp att to shoe long/m		#
L3100	Hallus-valgus nght dynamic s		59.13
L3140	Abduction rotation bar shoe		118.07
L3150	Abduct rotation bar w/o shoe		59.03
L3160	Shoe styled positioning dev		#
L3170	Foot plastic heel stabilizer	PA	By Report
L3201	Oxford w supinat/pronat inf		#
L3202	Oxford w/ supinat/pronator c		#
L3203	Oxford w/ supinator/pronator		#
L3204	Hightop w/ supp/pronator inf		#
L3206	Hightop w/ supp/pronator chi		#
L3207	Hightop w/ supp/pronator jun		#
L3208	Surgical boot each infant		#
L3209	Surgical boot each child		#
L3211	Surgical boot each junior		#
L3212	Benesch boot pair infant		#
L3213	Benesch boot pair child		#
L3214	Benesch boot pair junior		#

- Not Covered

Procedure		PA/EPA	7/1/03 Maximum
Code	Brief Description	Required?	Allowable Fee
L3215	Orthopedic ftwear ladies oxf	ĒРА	\$84.34
L3216	Orthoped ladies shoes dpth i		#
L3217	Ladies shoes hightop depth i		#
L3219	Orthopedic mens shoes oxford	EPA	97.02
L3221	Orthopedic mens shoes dpth i		#
L3222	Mens shoes hightop depth inl		#
L3224	Woman's shoe oxford brace		#
L3225	Man's shoe oxford brace		#
L3230	Custom shoes depth inlay	PA	277.90
L3250	Custom mold shoe remov prost		#
L3251	Shoe molded to pt silicone s		#
L3252	Shoe molded plastazote cust		#
L3253	Shoe molded plastazote cust		#
L3254	Orth foot non-stndard size/w		#
L3255	Orth foot non-standard size/		#
L3257	Orth foot add charge split s		#
L3260	Ambulatory surgical boot eac		#
L3265	Plastazote sandal each		#
L3300	Shoe lift taper to metatarsal		#
L3310	Shoe lift elev heel/sole neo	EPA	66.69
L3320	Shoe lift elev heel/sole cor	EPA	66.69
L3330	Lifts elevation metal extens		#
L3332	Shoe lifts tapered to one-ha		#
L3334	Shoe lifts elevation heel /i	EPA	49.04
L3340	Shoe wedge sach	PA	50.02
L3350	Shoe heel wedge	PA	27.79
L3360	Shoe sole wedge outside sole	PA	50.02
L3370	Shoe sole wedge between sole		#
L3380	Shoe clubfoot wedge		#
L3390	Shoe outflare wedge		#
L3400	Shoe metatarsal bar wedge ro	PA	61.13
L3410	Shoe metatarsal bar between	PA	50.02
L3420	Full sole/heel wedge btween	PA	61.13
L3430	Shoe heel count plast reinfor		129.74
L3440	Heel leather reinforced		#
L3450	Shoe heel sach cushion type		#
L3455	Shoe heel new leather standa		#
L3460	Shoe heel new rubber standar		#
L3465	Shoe heel thomas with wedge		#
L3470	Shoe heel thomas extend to b		#
L3480	Shoe heel pad & depress for		#
L3485	Shoe heel pad removable for		#

Procedure		PA/EPA	7/1/03 Maximum
Code	Brief Description	Required?	Allowable Fee
L3500	Ortho shoe add leather insol		#
L3510	Orthopedic shoe add rub insl		#
L3520	O shoe add felt w leath insl		#
L3530	Ortho shoe add half sole		#
L3540	Ortho shoe add full sole		#
L3550	O shoe add standard toe tap		#
L3560	O shoe add horseshoe toe tap		#
L3570	O shoe add instep extension		#
L3580	O shoe add instep velcro clo		#
L3590	O shoe convert to sof counte		#
L3595	Ortho shoe add march bar		#
L3600	Trans shoe calip plate exist		#
L3610	Trans shoe caliper plate new		#
L3620	Trans shoe solid stirrup exi		#
L3630	Trans shoe solid stirrup new		#
L3640	Shoe dennis browne splint bo		#
L3649	Orthopedic shoe modifica NOS		#

Authorization Requirements

Those procedure codes listed with "PA" in the fee schedule above require Written/Fax Prior Authorization <u>before the orthotic may be dispensed</u>. The authorization number must be listed in the "Prior Authorization Number" box of the claim form in order to receive reimbursement.

To request Written/Fax Prior Authorization, send or fax your request to:

Division of Medical Management DME Program Management Unit PO Box 45506 Olympia, WA 98504-5506 (800) 292-8064 (360) 586-5299 fax

Those procedure codes listed with "EPA" in the fee schedule above require Expedited Prior Authorization (EPA). The EPA number must be listed in the "Prior Authorization Number" box of the claim form in order to receive reimbursement.

For details on creating an EPA number, refer to page I4 (revised replacement page dated July 2002) in MAA's <u>Physician-Related Services Billing Instructions</u>. The EPA Criteria Coding List for the codes requiring EPA above is attached to this memorandum.

To obtain MAA's provider numbered memoranda and billing instructions, go to HRSA's website at http://hrsa.dshs.wa.gov (click on the Provider Publications/Fee Schedules link).

- Not Covered

Expedited Prior Authorization Criteria Coding List

ORTHOTICS

Procedure Code: L3000

784 Foot insert, removable, molded to patient model, "UCB" type, Berkeley Shell, each

Purchase of one (1) pair per 12-month period for a client 16 years of age or younger allowed if any of the following criteria are met:

- 1) Required to prevent or correct pronation;
- 2) Required to promote proper foot alignment due to pronation; or
- 3) For ankle stability as required due to an existing medical condition such as hypotonia, Cerebral Palsy, etc.

☞ NOTE:

- 1) If the medical condition does not meet one of the above specified criteria, you must obtain prior authorization by submitting a request in writing to QUS (see *Important Contacts*) or by calling the authorization toll-free number at 1-800-292-8064.
- 2) EPA is allowed only one time per client, per 12-month period. It is the provider's responsibility to determine whether the client has already used all EPA in the period allowed under the EPA criteria.
- 3) If the client only medically requires one orthotic, right or left, prior authorization must be obtained.

Procedure Code: L3030

780 Foot insert, removable, formed to patient foot.

One (1) pair allowed in a 12-month period if one of the following criteria is met:

- 1) Severe arthritis with pain;
- 2) Flat feet or pes planus with pain;
- 3) Valgus or varus deformity with pain;
- 4) Plantar facitis with pain; or
- 5) Pronation.

☞ NOTE:

- 1) If the medical condition does not meet one of the above specified criteria, you must obtain prior authorization by submitting a request in writing to QUS (see *Important Contacts*) or by calling the authorization toll-free number at 1-800-292-8064.
- 2) EPA is allowed only one time per client, per 12-month period. It is the provider's responsibility to determine whether the client has already used all EPA in the period allowed under the EPA criteria.

Procedure Code: L3310 & L3320

781 Lift, elevation, heel & sole, per inch.

Allowed for as many inches as required (has to be at least one inch), for a client with a leg length discrepancy, on one shoe per 12-month period.

Expedited Prior Authorization Criteria Coding List

Procedure Code: L3334

782 Lift, elevation, heel, per inch

Allowed for as many inches as required (has to be at least one inch), for a client with a leg length discrepancy, on one shoe per 12-month period.

☞ NOTE:

- 1) Lifts are not covered for less than one (1) inch
- 2) Lifts are only allowed on one (1) pair of client shoes.
- 3) If the medical condition does not meet one of the above-specified criteria, you must obtain prior authorization by submitting a request in writing to QUS (see *Important Contacts*) or by calling the authorization toll-free number at 1-800-292-8064.
- 4) EPA is allowed only one time per client, per 12-month period. It is the provider's responsibility to determine whether the client has already used all EPA in the period allowed under the EPA criteria.

Procedure Code: L3215 or L3219

785 Orthopedic footwear, woman's or man's shoes, oxford.

Purchase of one (1) pair per 12-month period allowed if any of the following criteria are met:

- 1) When one or both shoes are attached to a brace:
- 2) When one or both shoes are required to accommodate a brace with the exception of L3030 foot inserts;
- 3) To accommodate a partial foot prosthesis; or
- 4) To accommodate clubfoot.

☞ NOTE:

- 1) MAA does not allow orthopedic footwear for the following reasons:
 - a) To accommodate L3030 orthotics;
 - b) Bunions;
 - c) Hammer toes;
 - d) Size difference (mismatched shoes); or
 - e) Abnormal sized foot.